

IDAHO GROCERY CREDIT REFUND

2001

Your first name and initial	Last name	Your Social Security Number
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number
Address (number, street and apartment number)		
City, State and Zip Code		

A. INCOME

1. Enter your gross income. Include wages, salaries, tips, interest, dividends, self-employment income before expenses, farm income before expenses, rental income before expenses, and pensions. *Do NOT include social security benefits or Veterans Administration disability benefits.*
2. Enter the amount for your filing status from the filing status chart. See instructions.
3. Compare lines 1 and 2.
 - If line 1 is equal to or larger than line 2, you cannot use this form. You must file an income tax return, Form 40.
 - If line 1 is less than line 2, continue.

1	
2	

B. REFUND CLAIMED

1. Enter the date of birth.
2. Check the box(es) that applies to you (your spouse)

YOURSELF	SPOUSE
<div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div>

- Age 65 or older \$35 per person
 - Age 62, 63 or 64 \$20 per person
 - Blind and under age 62 \$20 per person
 - Disabled veteran under age 62 \$20 per person
- If you or your spouse have not filed this form before, provide a photocopy of the Veterans Administration document which establishes the disability.

<input type="checkbox"/>	▪	<input type="checkbox"/>
<input type="checkbox"/>	▪	<input type="checkbox"/>
<input type="checkbox"/>	▪	<input type="checkbox"/>
<input type="checkbox"/>	▪	<input type="checkbox"/>

3. Total refund claimed (CIRCLE ONE): \$20 \$35 \$40 \$55 \$70

C. SIGNATURE(S) REQUIRED

If you or your spouse are unable to sign, your representative must write "unable to sign" in the signature space(s) and enter his or her name, address and relationship.

If the person is deceased, write "deceased," the person's name and the date of death in the signature space. If anyone other than the surviving spouse signs on behalf of a deceased person, IRS Form 1310 must be completed and attached.

Your signature	Date
Spouse's signature (if a joint return, BOTH MUST SIGN)	Phone number

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Instructions for Idaho Form 24

Who Qualifies to Use This Form

You may use this form if you were a resident of Idaho for all of 2001, you are not required to file an Idaho income tax return, and you (or your spouse):

- were 62 or older on 12/31/2001, or
- are blind, or
- are a disabled American veteran of any war engaged in by the U.S., with a recognized service-connected disability of 10% or more, or a Veterans Administration nonservice-connected disability.

If you are married and normally file a joint income tax return, you should file jointly on this form even if only one of you qualifies.

You cannot claim the grocery credit on more than one form.

Filing Status Chart For Line 2

Status	Income
If you are Married:	
• filing separate return	\$ 2,900
• filing jointly, both under 65	\$13,400
• filing jointly, one spouse 65 or older	\$14,300
• filing jointly, both spouses 65 or older	\$15,200
If you are Single:	
• under 65	\$ 7,450
• 65 or older	\$ 8,550
If you are a Qualifying Widow(er) with a dependent child:	
• under 65	\$10,500
• 65 or older	\$11,400
If you are Head of Household (<i>you must have paid more than half the cost of maintaining a home for a qualifying person, such as a child or parent</i>):	
• under 65	\$ 9,550
• 65 or older	\$10,650

Do you need help completing this form? Call or visit your nearest Tax Commission office.

Boise	(208) 334-7660 800 Park Blvd., Plaza IV
Coeur d'Alene	(208) 769-1500 1910 Northwest Blvd., Suite 100
Idaho Falls	(208) 525-7116 150 Shoup Ave., Suite 16
Lewiston	(208) 799-3491 1118 F Street
Pocatello	(208) 236-6244 611 Wilson Ave., Suite 5
Twin Falls	(208) 736-3040 1038 Blue Lakes Blvd. N., Suite C

You may also call 1-800-972-7660 toll free.

Hearing impaired callers (TDD): 1-800-377-3529